

Indiana Department of Education

Division of Professional Standards

Dr. Suellen Reed, Superintendent
Room 229, State House • Indianapolis, IN 46204-2798 • 317-232-9010



SPONSOR APPLICATION For Certification Renewal Units (CRU)

FOR OFFICE USE ONLY BY THE INDIANA PROFESSIONAL STANDARDS BOARD

Date received: _____ Date reviewed: _____ Date Approved: _____

Sponsor Number: _____ Date Approval letter mailed: _____

APPLICANT INFORMATION

Name of organization: _____

Address of organization: (number and street)	City	State	Zip Code
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Organization Phone Number: ()	Organization Fax Number: ()
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Name of Sponsor: _____

Email of Sponsor: _____

Address of Sponsor: (number and street)	City	State	Zip Code
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Sponsor Phone Number: ()	Sponsor Fax Number: ()
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Please provide the following information for the individual responsible for program verification.

Dr. Mr. Ms. Mrs.

Signature of Authorized Representative
(May not be a stamped signature)

Print Name of Authorized Representative

Title of Authorized Representative

Date

****Authorized representative is typically a superintendent, licensing advisor, director or president of the sponsoring organization.**

You **MUST** belong to one of the areas listed below to be an approved sponsor. Please check all that apply:

____ Indiana professional educator organization ____ An educational service center organized under IC 20-1-11.3
____ A joint program organized under IC 20-5-11 ____ An inter-local agreement organized under IC 36-1-7
____ Indiana State Board of Education through the Indiana Department of Education
____ Accredited college or university ____ A school corporation (combination of school corporations)